California Nonresident or Part-Year Resident Income Tax Return 2012

Short Form

FORM **540NR** C1 **Side 1**

Your fi	rst r	name Initial	Your SSN or ITIN	P	
L.L.	tav	return, spouse's/RDP's first name	Spouse's/RDP's SSN or ITIN	AC	
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Addre	ss (ı	number and street, PO Box, or PMB no.)		Apt. no./Ste. no.	A
					R
City (I	f yo	u have a foreign address, see page 9)		State ZIP Code	_ RP
l of					T
Date o Birth	•	Your DOB (mm/dd/yyyy)	✓ Spouse's/RDP's DOB (mm	n/dd/yyyy)/	
Prior Name	-	· · · · · · · · · · · · · · · · · · ·	ferent last name, write the last name only from ● Spouse/RDP		
Filing Status	1 2	☐ Single ☐ Married/RDP filing jointly (see page If your California filing status is different	4 Head of household (with q as) 5 Qualifying widow(er) with the from your federal filing status, check the box h	dependent child. Enter year spous <u>e/</u> RI	DP died
Residency		Dates of California residency: Yourself f	Spouse/RDPsouse romspouse Spouse/RDP	e/RDP from to	
	6	If someone can claim you (or your spou	se/RDP) as a dependent, check the box here (s	ee page 9)	
	7	Personal: If you checked box 1 or 4 above	mount you enter in the box by the pre-printed do ve, enter 1 in the box. If you checked box 2 or 5	i, enter 2 in the box.	Whole dollars only
	7	Personal: If you checked box 1 or 4 about 1 you checked the box on line 6, see pag Blind: If you (or your spouse/RDP) are visions.	ve, enter 1 in the box. If you checked box 2 or 5 ie 9sually impaired, enter 1; if both are visually impa	5, enter 2 in the box. 	\$ \$
	7	Personal: If you checked box 1 or 4 about 1 you checked the box on line 6, see page Blind: If you (or your spouse/RDP) are visible pendents: Do not include yourself or	ve, enter 1 in the box. If you checked box 2 or 5 to 9sually impaired, enter 1; if both are visually impayour spouse/RDP.	5, enter 2 in the box. 	
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axable Income Exemptions	7 8 110 111 112 113 114 117	Personal: If you checked box 1 or 4 about If you checked the box on line 6, see page Blind: If you (or your spouse/RDP) are visible. First name Total dependent exemptions	ve, enter 1 in the box. If you checked box 2 or 5 to 9	5, enter 2 in the box. 7	\$\$ \$\$ \$\$ 00 00
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	You	ır name:Your	SSN or ITI	N:	
California Taxable Income	31	Tax on the amount shown on line 19		● 31_	00
	32	CA adjusted gross income. Add wages from line 12 and Califo (Form 1099, box 1). Military servicemembers see line 14 inst			
	33	CA Standard Deduction Percentage. Divide line 32 by line 17.	If more tha	an 1, enter 1.0000	
	34	CA Prorated Standard Deduction. Multiply line 18 by line 33.	I 34_	00	
	35	CA Taxable Income. Subtract line 34 from line 32. If less than	00		
	36	CA Tax Rate. Divide line 31 by line 19	I 36_		
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36.	I 37_	00	
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If	1, enter 1.0000	•	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38	I 39_	00	
	42	CA Regular Tax Before Credits. Subtract line 39 from line 37.	If less thar	n zero, enter -0	00
Nonrefundable Renter's Credit		Nonrefundable renter's credit (see page 10)			
Payments	81	California income tax withheld (Form(s) W-2, box 17)		● 81_	00
Overpaid Tax or Tax Due		3 Overpaid tax. If line 81 is larger than line 74, subtract line 74 1 Tax due. If line 81 is less than line 74, subtract line 81 from		_	00
Contributions	Cali Rar Stat O Cali Cali Eme Cali	heimer's Disease/Related Disorders Fund 401 401 401 402 402 402 402 402 402 403 403 403 403 404 405 405 405 406 406 406 406 407 407 408 40	00 00 00 00 00 00 00 00 00 00 00 00 00	California Sea Otter Fund	412 00 413 00 414 00 419 00 420 00 421 00 422 00

Your name:									
Mail to:			• 121						
Mail to: Fill in the inf Have you ve	125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001								
■ Routing n The remainin	□ Signamber □ Signamber □ Ty Ing amount of my refund (ling □ Cl □ □ □ □ Signamber □ Sign	ne 125) is authorized for direct deposit into the acc necking avings	• 126 Direct deposit amount count shown below:						
	of perjury, I declare that I	have examined this return, including accompan	127 Direct deposit amount nying schedules and statements, and to the best of my						
Sign Here	pelief, it is true, correct, ar Your signature X	Spouse's/RDP's signature (if filing joi	intly, both must sign) Daytime phone number (optional) Date						
It is unlawful to forge a spouse's/RDP's signature. Joint tax return? (see page 11)	Your email address (optional). Enter only one email address. Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) Firm's name (or yours if self-employed) Firm's address • FEIN								
	Do you want to allow a	? (see page 11) ● ☐ Yes ☐ No							
	Print Third Party Design	gnee's Name	Telephone Number						